SUB-CONTRACTOR REGISTER

DATE	for Construction Activity within Town of Fayetteville, West Virginia	Permit #:
	(304)574-0101 – (304)574-3765 fax	

www.fayettevillewv.gov

APPLICANT INFORMATION

D	7.					
Property Owner Name:				Phone:		
Physical Location:						
GENERAL CONTRA	CTOR:		Phone:			
Please list the compo	any's name, contro	act person, address, pho	one number, contra	act amount and	type of work.	
Company Name	Contact Name	Address	Phone Number	Contract Amount	Type of Work	
	- 1,00000				Excavation	
					Concrete	
					Masonry	
					Framing	
					Insulation	
					Plumbing	
					Electrical	
					Mechanical	
					Drywall	
					Painting	
					Tile	
					Roofing	
					Flooring	
					Cabinetry	
If more space is need	ded please list on t	he back of this form.				
As Owner of pr	operty, I will do al	l work NOT noted abov	e by licensed contro	actor, sub-contr	actor.	
As General Con	ntractor, I will do a	ll work NOT noted abo	ve by licensed sub-	contractor.		
AND WILL NOT B	BE COMPLETED	TIFICATE OF OCCU UNTIL THIS FORM WITS AND CODE EN	IS RETURNED T	TO THE TOWN		
Signature:			Date:			